



## **R G Architects, LLC**

200 West Main Street  
Middletown, DE 19709  
302.376.8100  
302.376.9851 fax  
www.rgarchitects.net

RGA No.16030  
24 April 2017

### **ADDENDUM NO. 1**

STATE OF DELAWARE OMB/DFM  
DOC – HRYCI Exterior Joint Renovations  
1301 East 12<sup>th</sup>. Street  
Wilmington, DE 19801

R G Architects  
200 West Main Street  
Middletown, DE 19709  
Phone: 302-376-8100 (phone)  
Fax: 302-376-9851 (fax)  
Email: [jim@rgarchitects.net](mailto:jim@rgarchitects.net)

BIDS DUE:

**Tuesday, May 16, 2017 at 2:00 p.m.**

LOCATION:

**THOMAS COLLINS BUILDING  
Division of Facilities Management Office  
540 S. DuPont Highway, Suite 1 (Third Floor)  
Dover, Delaware 19901  
Attn: Dean Seely**

### **NOTICE TO ALL BIDDERS**

#### **1.0 GENERAL NOTES:**

- 1.1 Bidders are hereby notified that this Addendum shall be and hereby becomes part of their Contract Documents, and shall be attached to the Project Manual for this project.
- 1.2 The following items are intended to revise and clarify the Drawings and Project Manual, and shall be included by the Bidder in their proposal.
- 1.3 Bidders shall verify that their Sub-bidders are in full receipt of the information contained herein.
- 1.4 A copy of the current bid set register is available upon request indicating individuals that have purchased project documents from R G architects.
- 1.5 The pre-bid sign-in sheet, along with Addendum #1, is being sent as a courtesy to all pre-bid meeting attendees; however, all future addenda will only be issued to registered plan holders.
- 1.6 All addenda will be sent out to the registered plan holders via email. Contractors are encouraged to keep an eye on their email accounts during the bidding period for such updates.

**2.0 PREBID MEETING:**

2.1 A Prebid Meeting was held on Monday, April 24, 2017 at 9:00 a.m. at the office of Division of Facilities Management, Thomas Collins Building, Dover, DE. The following items were reviewed:

1. Project Description: A brief overview of the Project was discussed with Architectural review. Work includes, but is not limited to, the removal & replacement of all existing exterior joints & caulk on all openings, louvers, windows & doors on the 1993 east side addition.
  - A. Project Schedule: On site construction commencement is anticipated to begin upon future notice to proceed. Work day consist of start at 7:00am & end at 3:00pm. Contractors are to be at the sally port for entry at 7:00am & at sally port for exit at 3:00pm.
  - B. Bid schedule is as follows:
    1. The bids are due by **2:00 p.m. on Tuesday, May 16, 2017.**
    2. Substitution requests will be received until **4:00 p.m. on Friday, May 5, 2017.**  
Instructions for requesting substitutions are very specific and are contained in the project manual. If the contractor does not follow the processes it is automatic grounds for rejection.
    3. Questions regarding the bid documents will be received until **4:00 p.m. on Wednesday, May 10, 2017.**  
All questions **must** be submitted **in writing** (via fax or e-mail, addressed to Jim Ament, jim@rgarchitects.net) to R G Architects. Neither R G Architects or the Owner will answer questions verbally.
    4. The last day for addenda to be issued, if required, shall be, **Thursday, May 11, 2017.**
  - C. The project will be constructed using the State of Delaware Prevailing wage rates. The current rates are listed in the specification booklet.
  - D. Liquidated damages: Liquidated damages are not in this contract. However, a written contract is and all conditions of that contract will be enforced as spelled out in the contract documents.
  - E. Substitutions: If a specification lists one product manufacturer as well as listing “or equal”, the contractor is not obligated to submit for substitution prior to bid for that item. However, the contractor will still be responsible to meet the requirements of that product during the review process as per the specifications. If the product substituted as an equal does not meet ALL of the requirements of the specifications, as determined by the Architect, the Contractor is obligated to provide the specified product at no additional cost to the project.
  - F. Subcontractors List:
    1. The subcontractors list noted on the bid form in the project manual was reviewed and a revision was made. The revised Bid Form subcontractor list is attach to this Addendum.

2. The General Contractor may NOT list more than one subcontractor for a discipline on the subcontractor’s list.
  3. On the Subcontractors List, the General Contractor must list the subcontractor that is providing the labor for 100% of the work in that category and as is required by the laws of Title 29.
- G. Bidders were reminded to fill out the Bid Form completely & to not leave any areas to be filled out blank. The sub-contractor list is to be also completed including a current Delaware Business License number. Bidders are to also list the Addenda issued. If five (5) Addenda was issued the Bid Form must note “1.2.3.4 & 5”. Bid forms noting “1-5” will not be accepted.
- H. Drug Testing Policy: RGA and Division of Facilities Management reviewed the new Drug Testing Policy in place by State of Delaware. Contractors are to reference the Project Manual for additional policy procedures and Drug Testing Report Forms.
- I. All contractors & personnel are to go through a background check review. The required paper work is attached to this Addendum. Paper work is to be submitted to **Judson Hornbeck** at [judson.hornbeck@state.de.us](mailto:judson.hornbeck@state.de.us). *No paper work is to come to Division of Facilities Management or RG Architects.*
- J. Project Site walk-through

Bidders whom wish to tour the HRYCI may attend an unguided, security escorted, walk through on the following date and time:

**Monday, May 8, 2017 at 10:00 AM.**

*Note: Bidders whom wish to attend the site walk-through must submit completed security background check paperwork to HRYCI Maintenance Superintendent – Judson Hornbeck ([judson.hornbeck.@state.de.us](mailto:judson.hornbeck.@state.de.us)). No background checks are to be sent to RG Architects. Background check paperwork is to be submitted by Monday, May 1, 2017.*

### **3.0 Revisions to the SPECIFICATIONS**

- 3.1 00 41 13 BID FORM – Revised Subcontractors List

### **4.0 Revisions to the DRAWINGS**

- 4.1 None at this time.

### **5.0 Questions**

- 5.1 How will site access be handled? A – Site access for all contractors will be through the sally port area. Personnel & equipment must be checked at each entry & exit. Staging area is available to contractors if needed.
- 5.2 What is anticipated start date? A – Anticipated construction start date, mobilization, is Summer 2017.
- 5.3 How thorough are security checks? A – Security checks are per Department of Correction standards. Any access given or denied are per Department of Correction discretion.

Division of Facilities Management or RG Architects do not have authority for security checks.

- 5.4 Is there electrical service available to contractors for use during construction? A – DOC noted there are a few receptacles on the building exterior walls. Electric is limited for any roof work and in some areas of the exterior wall areas. Contractor will be responsible for electrical power supply to perform work if existing electrical service is not readily available in area of work.
- 5.5 Are there existing toilet facilities available to construction crews? A – DOC & RGA noted there are no existing toilet facilities available to construction crews. The contractor is responsible for providing a “port-a-pot” facility for contractor use. It is recommended to have one facility in area of work possibly located at front of building in Phase 1 work scope area then move the “port-a-pot” to the rear of the building in the Phase 2 area of work.

**6.0 ATTACHMENT LIST:**

- A. Subcontractors List
- B. Pre Bid Sign-In Sheet
- C. Bid Register
- D. 01 35 54 – Security Clearance Application DOC 2016

# BID FORM

## SUBCONTRACTOR LIST

In accordance with Title 29, Chapter 6962 (d)(10)b Delaware Code, the following sub-contractor listing must accompany the bid submittal. The name and address of the sub-contractor **must be listed for each category** where the bidder intends to use a sub-contractor to perform that category of work. In order to provide full disclosure and acceptance of the bid by the *Owner*, **it is required that bidders list themselves as being the sub-contractor for all categories where he/she is qualified and intends to perform such work**. This form must be filled out completely with no additions or deletions. **Note that all subcontractors listed below must have a signed Affidavit of Employee Drug Testing Program included with this bid.**

<u>Subcontractor Category</u>	<u>Subcontractor</u>	<u>Address (City &amp; State)</u>	<u>Subcontractors tax payer ID # or Delaware Business license #</u>
1. Sealants	_____	_____	_____

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April 24, 2017

PREBID MEETING SIGN-IN  
State of Delaware  
DOC - HRYCI Exterior Joint Renovations

Name	Company	Telephone	Email
1 Tony Lombardi	Amekor Inc	302-834-2664	Amekor@aol.com
2 Dean Seely	DFM		joseph.seely@state.de.us
3 Eric Smeltzer	Doc	302 857 5261	eric.smeltzer@state.de.us
4 TOM CONLON	DFM		THOMAS.CONLON@STATE.DE.US
5 JIM AMENT	R G ARCHITECTS	302-376-8100	JIM@RGARCHITECTS.NET
6 JERRY ROZANSKI	R G ARCHITECTS	302-376-8100	JERRY@RGARCHITECTS.NET
7 Eric Schneider	Schneider Roofing	215-579-9151	SRI4100@HOTMAIL.COM
8			
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PLEASE PRINT CLEARLY

State of Delaware  
HRYCI Exterior Joint Renovations  
MC3804000087

Bids Due: Tuesday, May 16, 2017 at 2:00 pm  
Facilities Management Office, Thomas Collins Building  
540 S. DuPont Highway, Suite 1 (Third Floor)  
Dover, DE 19901



BID DOCUMENTS REGISTER

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\$50.00 per set (Thumb Drive)

<b>#01</b>	Name of Company: <u>SCHNEIDER RESTORATIONS, INC.</u> Physical Address: <u>856 WASHINGTON CROSSLING RD.</u> City, State: <u>NEWTOWN, PA 18940</u> Contact: <u>ERIC SCHNEIDER</u> GC: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO EMAIL: <u>sr14900@hotmail.com</u> Fax: <u>215-579-9143</u> Phone: <u>215-579-9151</u> Date: <u>4/20/17</u>
<b>#02</b>	Name of Company: <u>Amaker Inc.</u> Physical Address: <u>72 Clinton St.</u> City, State: <u>DELAWARE CITY DE 19706</u> Contact: <u>Tony Lamberdi</u> GC: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO EMAIL: <u>Amaker@aol.com</u> Fax: <u>302-834-8681</u> Phone: <u>302-834-8664</u> Date: <u>4/24/17</u>
<b>#03</b>	Name of Company: _____ Physical Address: _____ City, State: _____ Contact: _____ GC: <input type="checkbox"/> YES <input type="checkbox"/> NO EMAIL: _____ Fax: _____ Phone: _____ Date: _____
<b>#04</b>	Name of Company: _____ Physical Address: _____ City, State: _____ Contact: _____ GC: <input type="checkbox"/> YES <input type="checkbox"/> NO EMAIL: _____ Fax: _____ Phone: _____ Date: _____

SECURITY CLEARANCE APPLICATION  
DELAWARE DEPARTMENT OF CORRECTION

PLEASE PRINT CLEARLY

WHO SHOULD COMPLETE THIS FORM:

- i. Applicants requesting one-time access or occasional access (whether for one facility or multiple facilities)
- ii. Applicants requesting a badge for access to one or more facilities (frequent access for period of 1 year or more)  
*Note: These applicants will be directed to Human Resources after this form is approved*
- iii. Individuals requesting to schedule an offender visit may be asked to complete this form.

Volunteers, interns and professional service visitors must attach a letter from their sponsoring organization. Letter must be on agency letterhead, signed by the agency's director and include the name and title/role of the applicant and the name of the program.

WHO SHOULD NOT COMPLETE THIS FORM:

- (1) Attorneys
- (2) Employees of DOC's contracted medical/behavioral health provider (please contact DOC's Human Resources directly)

**SECTION 1: PERSONAL INFORMATION & CRIMINAL HISTORY**

NAME: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

PLEASE LIST ALL OTHER NAMES YOU HAVE USED INCLUDING MAIDEN, NICKNAMES AND RELIGIOUS NAMES:  
\_\_\_\_\_

DOB: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_ SSN#: \_\_\_\_\_

SEX: MALE / FEMALE RACE: \_\_\_\_\_ DRIVER'S LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT #: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: HOME: (\_\_\_\_) \_\_\_\_\_ WORK: (\_\_\_\_) \_\_\_\_\_

EMAIL: \_\_\_\_\_

PLEASE LIST WHICH FACILITY(IES) YOU ARE REQUESTING ACCESS TO:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE SELECT TYPE OF ACCESS REQUESTED

- Offender Visit
- One Time Access (i.e. single event) \*No badge issued
- Occasional Volunteer or Service Provision (Less than 3 days per week or less than 165 days per year for a period of one year or less) \* No badge issued
- Frequent/Long Term Volunteer or Service Provision (At least 3 days per week or 165 days per year for a period of one year or more) \* You will be directed to HR to fill out a badge application packet after this form has been approved by the respective DOC Bureau Chief

DO YOU HAVE ANY ARRESTS FOR CHARGES OTHER THAN TRAFFIC TICKETS (WHETHER CONVICTED, DISMISSED, NOLLE PROSSED, OR PARDONED)? NO/YES (IF YES, COMPLETE BELOW). IF YOU NEED MORE ROOM, PLEASE ATTACH A SEPARATE SHEET.

COUNTRY: \_\_\_\_\_ DATE: \_\_\_\_\_

OFFENSE: \_\_\_\_\_

**HAVE YOU EVER BEEN CONVICTED OF AN OFFENSE OTHER THAN A TRAFFIC TICKET? NO /YES**  
(IF YES, COMPLETE BELOW). IF YOU NEED MORE ROOM, PLEASE ATTACH A SEPARATE SHEET.

COUNTRY: \_\_\_\_\_ DATE: \_\_\_\_\_

OFFENSE: \_\_\_\_\_ SENTENCE: \_\_\_\_\_

**ARE YOU PRESENTLY UNDER DEPT. of CORRECTION SUPERVISION: NO/YES (IF YES, WHAT):** \_\_\_\_\_

**ARE YOU RELATED TO OR KNOW ANYONE INCARCERATED AT A DOC FACILITY; NO/ YES**

IF YES, NAME OF INMATE AND YOUR RELATIONSHIP TO THEM: \_\_\_\_\_

**SECTION 2: JUSTIFICATION FOR SECURITY CLEARANCE REQUEST *DO NOT COMPLETE THIS SECTION IF APPLYING FOR AN OFFENDER VISIT. IF REQUESTING ONE-TIME PRISON ACCESS FOR A SINGLE EVENT, ONLY ANSWER THE QUESTIONS MARKED WITH AN ASTERISK (\*).***

\*REASON FOR CLEARANCE: \_\_\_\_\_

\*DATE(S) OF ACTIVITY: \_\_\_\_\_ \*ORGANIZATION: \_\_\_\_\_

\*PROGRAM NAME: \_\_\_\_\_

\*JOB TITLE: \_\_\_\_\_ \*HOW LONG EMPLOYED/VOLUNTEERING: \_\_\_\_\_

ORGANIZATION ADDRESS, PHONE NUMBER, AND EMAIL:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHAT TYPE OF VOLUNTEER OR PROFESSIONAL SERVICES WILL YOU BE PROVIDING?

\_\_\_\_\_  
\_\_\_\_\_

DESCRIBE YOUR QUALIFICATIONS FOR PROVIDING PROFESSIONAL OR VOLUNTEER SERVICES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LIST ANY PAST OR PRESENT PROFESSIONAL OR VOLUNTEER ORGANIZATIONS YOU PARTICIPATED IN  
(INCLUDE NAME, LENGTH OF SERVICE, CONTACT PERSON, AND PHONE NUMBER OR EMAIL):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 3: PLEASE READ AND SIGN ALL APPLICANTS MUST COMPLETE THIS SECTION**

I understand that DOC authorities will verify my criminal record information. I also understand that my application may be rejected for any reason.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_

**DOC USE ONLY:**

The following is the result of the DELJIS and NCIC records checks:

DELAWARE WANTS/WARRANTS \_\_\_\_\_ DELWARE CRIMINAL HISTORY \_\_\_\_\_

NCIC WANTS/WARRANTS \_\_\_\_\_ NCIC CRIMINAL HISTORY \_\_\_\_\_

DELJIS/NCIC  
INVESTIGATOR \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

APPROVED \_\_\_\_\_ APPROVAL EXPIRES ON: \_\_\_\_\_

DENIED \_\_\_\_\_

**IF DENIED, PLEASE INDICATE REASON BELOW:**

- (1) Dishonest/incomplete application;
- (2) Active pending charges/warrants/capiases;
- (3) Any criminal conviction within the past two years;
- (4) Any incarceration in a Delaware correctional facility within the past three years;
- (5) Pending litigation against DOC involving applicant, arrest for escape, conviction for smuggling prison contraband, affiliation with confirmed security threat group, or previous institutional misconduct relating to the security, life, safety, and health of the facility while incarcerated;
- (6) Other (See Investigation for info).

REVIEWER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## **A GUIDE TO THE PREVENTION AND REPORTING OF SEXUAL ABUSE AND MISCONDUCT WITH OFFENDERS**

### **PREA Information for Contractors, Vendors, and Volunteers with Limited Contact with Offenders**

*Please Read, Sign, and Return this Acknowledgement Form with the Security Clearance Application*

#### **Staff Sexual Misconduct**

Delaware Department of Correction (DDOC) policy 8.60 specifically forbids any activity associated with or that promotes acts of sexual conduct, including sexual harassment between offenders and DOC staff. In this definition, "staff" includes: contractors, vendors and volunteers of the DOC. An "offender" means someone incarcerated in a correctional facility or under supervision in the community. DDOC policy 8.60 contains detailed descriptions of what constitutes sexual misconduct and staff misconduct of a sexual nature (Policy 8.60 is available on the DDOC website at: [http://www.doc.delaware.gov/downloads/policies/policy\\_8-60.pdf](http://www.doc.delaware.gov/downloads/policies/policy_8-60.pdf))

#### **Forms of sexual misconduct include, but are not limited to:**

1. Any behavior of a sexual nature directed toward an offender by a Department staff, contract staff, or volunteer.
2. Inappropriate touching between offenders and staff.
3. All completed, attempted, threatened, or requested sexual acts between Department staff and the offender.
4. Sexual comments and conversations with sexually suggestive innuendos or double meanings.
5. Display or transmittal of sexually suggestive posters, objects, or messages.

Depending on the investigation findings of an alleged incident, the outcome may result in the loss of your job/assignment and the possibility of criminal charges. In addition, persons accused of sexual harassment in civil or criminal proceedings may be held personally liable for damages to the person harassed.

#### **An Abuse of Power**

Due to the imbalance of power between offenders and staff in correctional settings, sexual interactions between staff (who have power) and offenders (who lack power) are unprofessional, unethical and illegal. Some offenders who lack power may become sexually involved with staff in an effort to equalize the imbalance of power. Occasionally an offender may try to use sex to improve his/her standing or circumstances (e.g., better job, avoid disciplinary action, affect a release plan, gain privileges, etc.). As a DOC contractor, vendor or volunteer, your designated assignments place you in a position of authority over the offenders with whom you interact in a professional capacity. It is not possible to have a relationship as equals because you have a responsibility to maintain custody, evaluate work performance, and/or provide input to issues that affect release dates, return to prison, or other sanctions.

Because of the imbalance of power between offenders and staff, vendors, contractors and volunteers, there can never be a consensual relationship between staff and offenders. In fact, the law states "consent" is not a defense to prosecution. Here are some factors to consider.

## History of Victimization

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Some staff don't think of offenders as 'victims' of staff sexual misconduct, especially when the offender appears to be a willing participant or even initiated the sexual or 'romantic' interactions with a staff member. The offender is always the victim because of the imbalance of power. The consent or willingness of an offender to participate may be a survival strategy or a learned response to previous or current victimization. Many offenders have a history of victimization (physical and/or sexual abuse), which may make them especially vulnerable to the sexual overtures of persons in positions of authority. Their perception of affection/love may be skewed by this background of abuse, making it impossible for them to refuse advances of a staff member.

In some instances, particularly for female offenders, their survival in the community has been directly related to using their sexuality to obtain the means to survive. Coupled with low self-esteem, this carries over into their conduct in prison and while under community supervision.

As the person in authority, it is your responsibility to discourage, refuse and report any overtures as well as maintain professional boundaries at all times. Boundaries in relationships can be difficult. If you question your professional boundaries with an offender or feel uncomfortable with his/her actions or advances toward you, talk to another person you respect and/or bring this matter to the attention of a DOC employee before it gets out of control.

### Red Flags:

The following are behaviors or 'red flags' that may signal you or someone you work with is in danger of engaging in sexual misconduct with an offender:

- Spending a lot of time with a particular offender
- Change in appearance of an offender or staff member
- Deviating from agency policy for the benefit of a particular offender
- Sharing personal information with an offender
- Horseplay
- Overlooking infractions of a particular offender
- Doing favors for an offender
- Consistently volunteering for a particular assignment or shift
- Coming to work early/staying at work late
- Flirting with an offender

### Some Other Things to Consider:

Amorous or sexual relationships with an offender are seldom a secret. Such behavior will subject you to disrespect and manipulation from other offenders that may be aware of your situation. Once in a relationship, professional judgment becomes clouded and the normal defenses that exist to protect you will be compromised. When acting on emotions, you may take actions that would otherwise be considered inappropriate in a correctional environment (either in custody or in the community).

Amorous or sexual relationships are inappropriate and illegal when they occur between an offender and any staff member, contractor, vendor or volunteer. Offenders depend upon staff to provide for their board and care, ensure their safety, address their health care needs, supervise their work and conduct, and act as role models for socially acceptable conduct. Your conduct and the decisions you make reflect not only on your own reputation, but also on that of your peers and the agency you represent.

**How to Maintain Appropriate Boundaries:**

Most staff/offender sexual misconduct occurs only after seemingly innocent professional boundaries have been crossed. The following behaviors will assist you in maintaining appropriate boundaries:

- Maintain professional distance
- Focus behavior on duties and assignments
- Do not become overly close with offenders
- Do not share your own or other staff person's personal information with or around offenders
- When speaking to offenders about other staff, refer to the staff by their title or as Ms. or Mr.
- When speaking to offenders refer to them as Ms. or Mr. and their last name
- Do not accept gifts or favors from offenders
- Be knowledgeable of Departmental policy and procedure, rules of conduct and laws regarding sexual misconduct and sexual harassment.

**A Duty to Report**

Staff must report any inappropriate staff/offender behavior immediately. The presence of illegal and unethical behavior by staff compromises the security and safety of the agency. Staff that fail to report such behavior will be held accountable and sanctioned through dismissal. All efforts will be made to ensure the confidentiality of the reporting staff member.

**I HAVE READ AND UNDERSTAND THE INFORMATION PROVIDED IN THIS DOCUMENT.**

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**PRINTED NAME:** \_\_\_\_\_

**ORGANIZATION / COMPANY** \_\_\_\_\_

**PROGRAM NAME:** \_\_\_\_\_

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